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## BIB DATA SHEET

CONFIRMATION NO. 2546

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US04/16260 05/20/2004  
 which claims benefit of 60/472,260 05/21/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

03/25/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance MT Initials	IN	17	20

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**TITLE**

Hospital bed

<b>FILING FEE RECEIVED</b> 1674	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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